Our Passion, Your Care.
Five-Year Strategic Plan 2009–2014
Contents

Foreword ................................................................. 4
Introduction ............................................................. 5
Executive summary .................................................. 6
About Ipswich Hospital ............................................. 7
Five-year vision ....................................................... 12

Appendices

Our current services .................................................. 23
Glossary of terms ..................................................... 24
Key reference documents ......................................... 26

Published in December 2009
Our Passion, Your Care.

Ipswich Hospital has for many years been the mainstay of NHS hospital services for people living and working in Ipswich and east Suffolk. Many of our community were born here, and more continue to receive our care for themselves, their families and their friends.

As with all walks of life, healthcare does not stand still and in recent years the hospital has seen many changes. Those that are considered to be negative – such as the transfer of services – have received great attention, and those that appear positive – the development of new services or new ways of providing old ones – less so.

In reality all of these changes are local signs of national and international advances in healthcare science and policy: better treatments, better outcomes, better training.

Much of this change emphasises that we can no longer stand alone as providers of healthcare. More and more of our patients have complex long-term needs in which our contribution may be only one of a number of interventions in which GPs, community-based care and highly specialised centres will also play a part. We will support the development of these networks of care and play our role in ensuring they deliver high quality standards of care.

Ipswich Hospital has a strong future as one of East Anglia’s most prominent and respected hospitals, but to secure this future we must plan to accelerate and embrace change, so that we continue to offer our patients and our healthcare partners better information and even better services to make us their preferred choice of hospital.

Mike Brookes
Chairman

Andrew Reed
Chief Executive

Peter Donaldson
Medical Director

Gwen Collins
Director of Nursing and Quality
What is this document about?
This document sets out the future for Ipswich Hospital in the coming five years. It describes who we are and what we do as well as how we want to develop our services in the years leading up to 2014.

Why is it important?
Ipswich Hospital is recognised for providing a high standard of clinical care to the people of Ipswich and east Suffolk. We are strongly supported by the community we serve, by our local GPs and by our principal commissioner, NHS Suffolk. In recent months a great deal of media attention has given rise to a growing concern in our community about the future of our services. We want to share with our community our ambitions and plans to strengthen the hospital for the future so that we continue to be a strong and vibrant part of the local NHS.

Who endorses it?
This vision is supported by the board of The Ipswich Hospital NHS Trust, clinical staff working throughout the hospital, NHS Suffolk (who commission most of our services), the East of England Specialised Commissioning Group (who commission highly specialised hospital services across the region) and NHS East of England (the Strategic Health Authority for the east of England).
Executive summary

Over the next five years we want to be recognised as the hospital of choice by placing patients at the centre of everything we do. This is based on the principles of quality and safety, access, accountability and continuous improvement.

The healthcare needs of our population are becoming increasingly complex and the nature of healthcare provision is becoming increasingly specialised. As a result, the role of hospitals has been changing markedly since the concept of the district general hospital was first devised in the 1960s. Hospitals such as ours must form effective networks of care with GPs, community care providers and with other hospitals to ensure that people with complex needs can be managed in the most appropriate setting, and by the people best able to meet their needs, wherever that may be.

Our five-year plan focuses on three main objectives:

- to provide safe, reliable, personal and responsive emergency care, planned care, maternity and children’s care – our local acute services;
- to provide nationally recognised care for older people in hospital; and
- to provide a number of more specialised services where they meet accreditation standards.

We have plans in each of these areas to further improve patient outcomes, patient safety and the experience of our patients, as well as ensuring that they have better access to the hospital and its services. To support this endeavour we will be offering more development for our staff and stronger partnership with our community while retaining high levels of financial accountability.

We also aim to enhance our services to address the biggest causes of death in our community: cancer, stroke and heart disease, as well as seeking opportunities to extend our portfolio of services. To reflect our strengths in teaching and research we aim to gain formal recognition as a university hospital. Our aim to achieve foundation trust status will also help underpin our plans.

This plan will consolidate and strengthen Ipswich Hospital as a key part of the NHS family in Suffolk, and is supported by NHS Suffolk, NHS East of England and the East of England Specialised Commissioning Group.
About Ipswich Hospital

Overview

Ipswich Hospital is a large vibrant general hospital, providing acute hospital services to people who live and work in Ipswich and east Suffolk. We are predominantly a local hospital: 97% of our income for clinical services derives from services provided to residents of Suffolk, although we also provide some very specialist care to people living in north Essex and beyond. We are well established as a major part of the NHS in the area. In general we are highly regarded by local GPs for the level of clinical expertise we offer.

Ipswich Hospital is a safe hospital: we have low rates of healthcare-acquired infections; rapidly reducing rates of avoidable harm such as patient falls and pressure sores; and mortality rates that compare favourably with other hospitals both regionally and nationally.

What we provide

The hospital has 557 beds in general acute, critical care, maternity, paediatric and neonatal services and we currently employ 3,678 staff (which equates to 3,084 whole-time posts) with an annual turnover of £208m. Over £180m of our income comes from NHS Suffolk as our local commissioner.

The hospital provides general acute (sometimes called ‘secondary’) healthcare to a core catchment population of approximately 340,000 people living in Ipswich and east Suffolk. Some of these services, such as midwifery, are provided in the community as well as in hospital, and as we develop closer working with local GPs we may see an increasing emphasis on providing services in this way.

We also provide some more specialised services that are not provided in every local hospital. They include vascular surgery, spinal surgery, radiotherapy and gynaecological cancer surgery, services that are – or are capable of being – provided to a population of more than 500,000 within our extended catchment area covering west Suffolk, north Essex and mid Essex.

A full list of the services we provide can be found on page 23.

Some facts and figures

• In 2008/9 we had 95,456 new outpatient attendances.
• In the same year we had 76,519 inpatient and day-case admissions.
• 10 babies a day (on average) are born in the hospital.
• Around 17,000 laboratory tests are carried out each day, making a total of 5,000,000 a year.
• 21,411 patients were operated on in our theatres last year – more than 83 per day on average.
About Ipswich Hospital

Key facts about our population

Our core catchment population is drawn mainly from the four local authority districts of Babergh, Ipswich, Mid-Suffolk and Suffolk Coastal, with just over half living within four miles of the hospital. We provide around 89% of all hospital treatments to residents of the Ipswich and Suffolk Coastal areas and 70% of hospital treatments to those living in Mid-Suffolk and Babergh. Together this equates to 79% of hospital treatments for the 423,000 people living in these four districts (see Table 1).

Table 1: 2007 population estimates

<table>
<thead>
<tr>
<th>2007 POPULATION ESTIMATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babergh</td>
</tr>
<tr>
<td>0 – 4 years</td>
</tr>
<tr>
<td>5 – 19 years</td>
</tr>
<tr>
<td>20 – 64 years</td>
</tr>
<tr>
<td>65 – 79 years</td>
</tr>
<tr>
<td>80+ years</td>
</tr>
<tr>
<td>All ages</td>
</tr>
</tbody>
</table>

Overall our population is healthy with a high and increasing life expectancy, compared to the rest of England, for men and women. The most common causes of death are from smoking, cancer, stroke and heart disease. There has been a decline in death rates over the last 25 years.

Although this shows a generally positive picture of health, there are still some significant issues of health inequalities which include an 11.2 year difference in life expectancy between the most and least healthy parts of Suffolk. There are significant pockets of deprivation in areas of Ipswich and Felixstowe, and the borough of Ipswich as a whole has a high Index of Multiple Deprivation score compared to other parts of east Suffolk.

Ipswich also has high levels of smokers, increasing incidence of cardiac problems, and one of the highest rates for male deaths as a result of chronic obstructive pulmonary disease. There is a growing problem with obesity in the area, with 10% of five-year-olds, 19% of 11-year-olds and 25% of adults being classified as obese. These unhealthy lifestyles will place a significant demand on the hospital’s services in the future and emphasise the need for a strong local acute hospital.

Over the next ten years our catchment population is projected to grow by 7.5% overall, but this masks much bigger rises in the age groups of 65–79 years and 80+ years of 32% and 24%, respectively. This is likely to have a significant impact on the delivery of healthcare over that time.

The number of people living in Suffolk from ethnic minority groups is relatively small at 3%, compared to other parts of the country, but is increasing.
About Ipswich Hospital

Our commissioner

Our principal commissioner is NHS Suffolk, with whom we work in close constructive partnership, and the majority of our income comes from the services they buy from us on behalf of Suffolk people. A small number of our patients live in the areas covered by neighbouring primary care trusts: NHS Great Yarmouth and Waveney and NHS North East Essex.

NHS Suffolk has a responsibility to identify health needs, plan and buy (commission) healthcare services on behalf of all the 600,000 people in Suffolk, apart from people living in the Waveney area whose services are provided by NHS Great Yarmouth and Waveney.

NHS Suffolk has a clear strategy, ‘Your Care Matters’, which embraces the wider ambitions of the NHS East of England’s Clinical Vision ‘Towards the Best, Together’, alongside the local priorities which it has developed with local people and partners.
Over the next five years, NHS Suffolk will focus its work on five strategic goals. They are:

- to improve the overall experience of healthcare services for everyone in Suffolk;
- to improve the health and sense of wellbeing for everyone in Suffolk;
- to reduce health inequalities within and between our communities;
- to increase joint working between NHS organisations, partners and other sectors across Suffolk; and
- to develop the organisation to achieve world class commissioning on behalf of everyone in Suffolk.

The goals and initiatives being taken forward by NHS Suffolk are reflected in our vision, and together we share a joint ambition to ensure that people in Suffolk have access to high quality healthcare services which we both want to see delivered locally whenever possible and centralised only where necessary.

Senior biomedical scientist in Histology, Bob Cousins.
Our vision for the next five years is to be recognised as the hospital of choice by placing patients at the centre of everything we do, based on principles of quality and safety, access and accountability and continuous improvement.

The role of Ipswich Hospital has always been to provide services to meet the majority of hospital needs of a growing population. However the healthcare needs of our population are becoming increasingly complex and the nature of healthcare provision is becoming increasingly specialised. As a result, the role of hospitals has been changing markedly since the concept of the district general hospital was first devised in the 1960s as a form of comprehensive hospital service, often the first port of call for all but the most straightforward health problems. The success of the NHS has meant that people with long-term illnesses such as diabetes, heart disease, respiratory disease and even cancer, can live more active lives without the need for multiple hospital visits. These days all hospitals such as ours must form effective networks of care with GPs, community care providers and other hospitals to ensure that people with complex care needs can be managed in the most appropriate setting and by the most appropriate people.

In addition, for some of the very specialist services that our patients require we need to work in partnership with other hospitals. To achieve this we must work well and communicate well with a range of other organisations to ensure that our patients receive consistent and integrated treatment of the highest quality.

Critical Care outreach nurse, Sue Chatterton.
Our values

The NHS Values provide common ground for cooperation to achieve shared aspirations and are set out below.

- **Respect and dignity.** We value each person as an individual, respect their aspirations and commitments in life and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

- **Commitment to quality of care.** We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

- **Compassion.** We respond with humanity and kindness to each person’s pain, distress, anxiety or need.

- **Improving lives.** We strive to improve health and wellbeing and people’s experiences of the NHS.

We value excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation.

- **Working together for patients.** We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

- **Everyone counts.** We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken and that when we waste resources we waste others’ opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.
Our three key aims

1 To provide safe, reliable, personal and responsive emergency care, planned care, maternity and children’s care.

These are our local acute services, the principal services that the hospital offers to its population and represent the vast majority of what we do. We want our patients to have a superb experience, in terms of outcome, safety and overall customer experience. These local acute services will be supported by fast and effective diagnostics and driven by the principles of right first time and no delays. As a result, we would expect people to stay in hospital for no more than two weeks at most, and many to stay for 4–5 days or fewer.

2 To provide nationally recognised care for older people in hospital.

Around two thirds of our core catchment population live in rural east Suffolk, which has one of the fastest growth rates of very elderly people (over 85s) in the country. We therefore believe it is important that the hospital is among the national leaders for the experience that older people have in hospital.

3 To provide a number of more specialised services where they meet accreditation standards.

Ipswich Hospital has developed over time a number of more specialised services that are not typically provided in local acute hospitals. In keeping with our mission to be committed to excellence, we will work with the East of England Specialised Commissioning Group and NHS Suffolk to provide a range of specialised services where we can demonstrate excellence that conforms to national standards of accreditation as a minimum. Some of these services we already provide, but we also believe there will be opportunities to develop new and additional services.
Five-year vision

Service standards and key enablers

By implementing this strategy over a five-year period we expect to deliver the following:

- **Standards of quality and safety for patients that are consistently rated as excellent.**
  
  We understand that patients define quality in three ways: patient safety, clinical outcomes, and the overall patient experience.
  
  The hospital already has low mortality rates, low infection rates and is rated highly compared to its neighbouring hospitals in the east of England for patient experience. Quality and safety will be the unrelenting driver for the delivery of our services as set out in the service objectives outlined above.

- **Quick and convenient access to our services.**
  
  Access is defined in three ways: waiting times for assessment and treatment (which will at least meet the national standards), convenience of booking appointments (particularly electronically) and physical access to the hospital, including transport infrastructure and car parking. Again these are integrated into our vision of how we deliver services in the future.

Enabling us to achieve these results will be:

- **An empowered, innovative and accountable workforce.**
  
  The hospital has a stable workforce with excellent clinical skills, and we therefore have a strong base upon which to build. We will continue to develop the skills of our staff to support our continuing improvements in service. We will encourage their innovation through a delegated system of management and we will improve the way in which we hold staff accountable for performing well to develop a truly empowered workforce. To reflect our strengths in teaching medical and other clinical students, we also intend to gain university status for the hospital.

- **Responsible, accountable and effective financial management.**
  
  The hospital spends over £200m of public money each year, and must ensure that it is accountable for spending it wisely, well and without waste. We will continue to seek ways in which we can improve the quality of our services and the efficiency of our processes so that patients receive the best treatment first time round and facilities such as operating theatres are used to their optimum levels.

- **Strong partnership with the rest of the NHS, local authorities and our community at large.**
  
  Working as part of complex networks of care will require strong and open communication with a range of partners: with local GPs, community-based services and highly specialist centres for the delivery of our services; with NHS Suffolk as our principal commissioner to ensure that our aims are closely aligned and our service performance consistently meets agreed standards. We also want to work more closely with the community at large, including patients, the media and the business community, and to be a good partner in reducing harm to the environment.
  
  We have an excellent base of volunteers and patient user groups who can help give us this feedback as well as informing the community about our work.
Our plans

Our plans for the future reflect the priorities of NHS Suffolk. We will also work with NHS Suffolk to support their strategy of delivering more care away from the hospital site and closer to home. The hospital's development plans for the next five years address the main causes of death in our community and the needs of our catchment population.

Our plans reflect our three key aims set out above:

- local acute services;
- care for older people; and
- specialist services.

We also have plans to strengthen the teaching, training and research we do to underpin the quality of these services.
Local acute services

Emergency and urgent care

Emergency and urgent care is the front door of the hospital for patients whose needs are especially acute. Our service will comprise:

- Emergency Department (casualty or A&E) available 24/7 for patients brought to the hospital by emergency ambulance or self-referred;
- Emergency Assessment Unit for patients referred for urgent assessment by local GPs (specialist units are also available for the assessment of women with early pregnancy or urgent gynaecological problems and for children);
- Acute Care Unit for patients who following urgent assessment require specialist treatment for a particular problem;
- Complex Care Unit for patients who are assessed as having multiple treatment and care needs. These patients will often (but not always) be in the older age range; and
- Critical Care Unit for those patients who are highly dependent and require very intensive therapies.

Within the Emergency Department we will continue to expect at least 98% of patients to be seen, treated and discharged or transferred to another care setting within four hours of their arrival in the department. The only exceptions will be those patients whose clinical conditions require longer assessment and treatment within the department itself.

In the Emergency Assessment Unit we will also expect rapid assessment, with at least 30% of patients being assessed and treated without the need for hospital admission. Evidence suggests that another 20% may be able to be discharged within 48 hours of arrival.

For those who need inpatient care we want them to receive treatment without delay from the appropriate consultant and their specialist team; and when treatment is completed they will have a smooth transfer back home as a preference, or to a more appropriate care setting where this is necessary. These patients will be treated in the acute care unit, receiving active specialty-based treatment for specialties such as cardiology, respiratory medicine or gastroenterology. Our intention is that all patients requiring this level of specialist support will be placed in the right ward and will not be subject to further ward moves unless clinically recommended.

Patients with complex combinations of physical, functional, cognitive and social problems will have access to care delivered by specialised multidisciplinary teams in a dedicated complex care unit. This unit will largely meet the needs of older people but not exclude younger people with similar needs. It will develop specific expertise across its ward specialty bases in the care of stroke; fragility fractures, such as broken hips; and complex physical and neurocognitive (dementia-related) problems. It will also provide care or advice for short-stay and intermediate-stay patients on other wards.

Critical care will be provided for our most seriously ill patients who cannot be cared for on a general ward, particularly those who require sedation and ventilation. Our critical care team will continue to provide an outreach service to the wards, enabling some patients to be cared for without the need for intensive care and others to have a smooth transfer from intensive to general care.

Planned care

We will expect our planned care (usually called elective care) – outpatient appointments, and planned surgical or medical
Five-year vision

treatments – to be reliable and efficient, characterised by ease of booking, short waiting times, no cancellations and good outcomes.

More and more patients will be able to book outpatient appointments easily and conveniently using the ‘choose and book’ system which will become the single means of making an appointment at the hospital. Most outpatient appointments will take place within four weeks of a referral being made and no one will wait for the commencement of a planned treatment for more than eighteen weeks from the time of GP referral.

Where treatment is needed following an outpatient attendance, patients will be provided with preoperative checks as soon as possible and well in advance of their date for treatment. This will ensure that any problems which may compromise their treatment, such as high blood pressure, can be managed, and they are free from infections such as MRSA.

Patients attending hospital will have the confidence that their treatment will not be cancelled for any reason, and that treatment will take place without any undue delay on the day. We will continue to provide a wide range of elective surgical and medical treatments, including upper and lower gastrointestinal surgery; vascular surgery; urology and gynaecology; eye surgery; ear, nose & throat surgery; and oral and maxillofacial surgery. The majority of elective surgery will take place in the new Garrett Anderson Centre, which includes a purpose-built, state-of-the-art day surgery unit and a dedicated ward for elective patients. We would expect over time that around 80% of planned operations will take place on a day-case basis, ensuring safe and effective treatment without the need for an overnight hospital stay.

Care for people with long-term conditions

Increasing numbers of people are leading active lives with a long-term condition such as diabetes, heart disease or respiratory problems. In the past these patients may have attended hospital for multiple outpatient attendances and, where their symptoms were poorly controlled, even frequent hospital stays.

Our role in caring for these patients is changing, with GPs and practice nurses able to pick up more care, safely and locally, often supported by the hospital’s specialist medical and nursing teams. This will enable the hospital teams to

Governance and service development facilitator, Victoria Barber.

Ophthalmologist and consultant surgeon, Rachna Murthy.
concentrate their specialist skills on the patients whose needs may be more complex, as well as providing a role in quality assurance for a wider network of practitioners which will maintain active registers to help track and manage these patients.

We are working closely with our local GP commissioning groups to bring about these changes and facilitate them in a way which will improve both primary care-based services and hospital services. This model has already been developed in respiratory medicine and is developing in cardiology, diabetes and urology. We will also be working closely with GP practices to provide orthopaedic assessment clinics, allowing local access to specialist physiotherapy designed to prevent or reduce the need for orthopaedic surgery.

Maternity, newborn and children’s care
There is a year-on-year rise in the local birth rate of between 2–2.5% per annum. The area we cover has a growing migrant population, increased obesity, and a rise in fertility treatment and multiple births, all of which point towards the opportunity to develop and improve the overall quality of our services in this area.

In maternity services, we have an excellent record of home births and we will ensure that choice of place of birth continues. We will continue to offer both midwife- and consultant-led maternity services. Midwife and consultant staffing levels will meet national standards as a minimum, and we will offer midwife-led care with 1:1 staffing ratios for women in established labour.

For newborn babies we will strengthen our high level (level 2) neonatal intensive care unit to reflect the growing birth rate and demand for these very specialist services.

For children we will continue to offer seven-day dedicated paediatric assessment, closely aligned to our Emergency Department with a new, dedicated children’s area. We will also continue to provide acute elective medical and surgical services on both inpatient and day-case basis.

We will offer a level 2 children’s cancer service in conjunction with Addenbrooke’s Hospital in Cambridge, and we will also consider the development of dedicated services for teenagers and young adults.

Older people
The hospital’s vision is to be a national leader for the care of older people in hospital. While benefiting from the general improvements that we plan for all our services, older people also have particular needs that we will address. They may have complex health or social care needs; they may be in touch with a number of health, care or voluntary agencies; they may place particular

Charlie Alcock and Deana Stevenson, radiographers.
emphasis on the support of their family or friends; they may have mobility or transport problems; they may live alone or be caring for someone with complex health needs themselves. For all these reasons they may be more anxious than younger people about the prospect of going into hospital.

Our key principles are that care must be patient-focused, non-ageist and non-judgmental and will be delivered on the basis of need. The increase in the older population will bring with it extra demand for age-related services: for instance, the number of people with dementia is set to increase by 60% by 2028. With a fast-growing elderly population we are making an absolute commitment to the quality of hospital care we provide across all services.

We will:
- maintain and develop explicit policies on age-related issues;
- develop a dignity and respect charter with particular reference to older people;
- develop supporting services, such as patient information, volunteer services and transport;
- consider the provision of complementary therapies in partnership with commercial or third sector outlets;
- reduce inpatient demand by developing community services for earlier referral for assessment and support;
- extend the outreach service we provide with Suffolk Mental Health Partnership NHS Trust for dementia diagnosis;
- extend our Community Medical Consultancy service for stroke and falls assessment; and
- develop systems with primary and intermediate care to identify and urgently diagnose those patients whose functional status is declining rapidly.

Specialist services

For the past 15 or more years health policy has been to concentrate very specialist services in fewer centres. Evidence suggests that practitioners carrying out more procedures at a regional centre are likely to provide better outcomes for their patients than those carrying out relatively few procedures in smaller units. This has particularly been the case with cancer surgery, and the emphasis has therefore shifted from ‘stand alone’ hospitals to organised networks in which regional centres and local treatment units all have their part to play.

As part of developing networks we are also forging a collaborative programme with Colchester Hospital. Colchester is our nearest neighbouring hospital and senior doctors from both hospitals have initiated this joint venture which we expect to strengthen our general services and position us more strongly for the retention or development of some specialised services.

The services we expect to retain, or even develop, include radiotherapy, spinal surgery, gynae-oncology surgery, neonatal intensive care and vascular surgery. We also provide shared care services with other hospitals for cystic fibrosis and bone marrow transplantation. We are planning to develop bariatric surgery, a specialist form of obesity surgery, in the future. While they represent only a small proportion of what we
do, our specialised services have been an important part of our identity and have helped us recruit and retain higher calibre staff.

Our plans to develop further services include the following:

**Stroke services**
As one of the biggest causes of death in Suffolk, the provision of effective stroke services is critical to the service we provide to our patients. We already have plans in place to improve the way in which we provide these services, including moving towards CT scanning within 24 hours and ensuring that the great majority of stroke patients receive at least 90% of their care in a dedicated stroke unit.

In conjunction with NHS Suffolk and The Anglia Heart and Stroke Network we are also keen to introduce stroke thrombolysis, working towards a 24/7 service as part of a network with other hospitals. Stroke thrombolysis ensures that patients receive quick access to CT scanning day or night, and those deemed eligible then receive ‘clot busting’ treatment shortly afterwards. For certain types of stroke this has been proven to be the most effective treatment and offers an excellent chance of recovery.

**Cancer services**
The four most common cancers in Suffolk are breast, prostate, colorectal and lung cancer, which together make up more than 50% of all cases. Cancer is also the leading cause of death in those aged 75 and under. However cancer survival rates are continuing to improve in Suffolk, with the number of patients surviving for five or more years rising from 15% to 50% over recent years.

We will build on our excellent reputation for cancer care and utilise our existing capacity by:
- promoting public awareness to reduce the risk of developing cancer (in conjunction with NHS Suffolk);
- developing diagnostics and screening to support the early detection of cancer and improve survival outcomes;
- developing chemotherapy and radiotherapy services to meet the recommendations of recent national reports in these areas;
- meeting national accreditation standards to ensure access to high quality treatment at every stage of the cancer journey, including the retention of specialist treatments in areas such as gynaecological cancer and bone marrow transplants (in conjunction with Addenbrooke’s Hospital); and
- ensuring holistic assessment and support is available to all cancer patients.

**Cardiology services**
We are aiming to strengthen our cardiology services with the backing of NHS Suffolk by developing a service for planned elective angioplasty. This is an invasive procedure which will offer treatment to maintain blood supply and prevent blockages in major blood vessels either to prevent heart attacks in very high risk patients or to reduce the risk of another heart attack.

The service would involve the establishment of a second...
catheterisation laboratory at the hospital and we are already in discussion about the best way of achieving this. In conjunction with this we would expect to strengthen our vascular services as well as recruiting additional trained cardiology staff, including consultant cardiologists.

The development of this specialised service would also enable us to work more closely with GPs, ensuring that simpler tests and procedures could be carried out in GP practices closer to people’s homes.

**Spinal surgery**

The hospital has a strong integrated musculoskeletal service, covering all orthopaedic sub-specialties as well as extensive rheumatology and back pain services. We have a particularly strong orthopaedics service which is able to provide a wide range of specialist services in addition to more routine joint replacements.

NHS Suffolk has supported us in the development of this service and has expressed an interest in developing a spinal service that covers the whole of Suffolk. Clinical representatives from the hospital and NHS Suffolk met in May 2009 to look at the viability of increasing the scope of the Ipswich spinal service out to the population of west Suffolk. Discussions are continuing with NHS Suffolk and associated parties to explore options prior to a business case being developed for the extension of this service.

As well as providing acute hospital and outreach services to the community of Ipswich and east Suffolk, we are highly regarded for our role in the development of the healthcare professionals of the future. We undertake this through our links with the major academic institutions in the region, including Cambridge University, the University of East Anglia (UEA) and University Campus Suffolk (UCS).

**Teaching, training and research**

We provide training for medical students from both Cambridge (where we are a designated partner trust of the University of Cambridge Clinical School) and UEA, and for all the grades of trainee doctors up to qualifying to become consultants. At any one time we will have around 45 medical students and 60 doctors in training. We receive consistently excellent feedback from the students and trainees, reflecting the skill and enthusiasm that many of our consultants have for this role. To reflect this we will be seeking formal university hospital status over the coming months.

We also have a strong relationship with UCS in the training of nurses and allied health professionals (such as physiotherapists and occupational therapists). UCS has an outstanding record in this area and we will often find that many students will take up jobs at Ipswich Hospital once they have graduated.

We are also well regarded for our research programme as part of the Comprehensive Local Research Network for Norfolk and Suffolk. We have particular strengths in research on cancer, diabetes and rheumatology.

**Summary**

Ipswich Hospital has a strong future as one of East Anglia’s most prominent and respected hospitals. It is part of the NHS family in Suffolk and has strong support from its commissioner NHS Suffolk. We want you to be proud of what we are doing as an NHS hospital and we want to make sure that what we are doing is what you want us to do.
Our current services

We currently provide a wide range of services which include the following:

- Full Accident & Emergency (casualty) services for major and minor illnesses and injuries, including a fracture clinic.
- Emergency assessment and treatment services, including intensive care.
- Elective (planned) surgery and medical treatments, including day surgery.
- A wide range of outpatient services, with dedicated facilities for ENT and audiology, oral maxillofacial surgery and orthodontics, gynaecology, dermatology, cardiology, oncology, respiratory medicine, diabetes and sexual health.
- Maternity services, including a midwife-led birthing unit, community midwifery supporting antenatal care, postnatal care and home births, and intensive care for sick babies.
- Paediatric (children’s) services, including emergency assessment, inpatient and outpatient services.
- Diagnostic services including fully-accredited pathology, liquid-based cytology, CT scanning, MRI scanning, ultrasound, cardiac angiography, interventional radiology, nuclear medicine and neurophysiology.
- A wide range of therapy services, including physiotherapy, occupational therapy and dietetics.
- Chemotherapy and radiotherapy services, including intensity modulated radiotherapy (IMRT) and image guided radiotherapy (IGRT) technology for safe, high precision treatments.
- Renal (kidney) dialysis, with an outreach unit at Aldeburgh Hospital.
- A range of more specialised services including vascular surgery (joint rota with Colchester Hospital University NHS Foundation Trust), spinal surgery, gynae-oncology surgery (networked with Colchester and Mid-Essex Hospitals), pancreatic surgery for acute pancreatitis, bone marrow transplantation (networked with Cambridge University Hospitals), and high level (level 2) neonatal intensive care.
Appendices

Glossary of terms

**Acute care**
Specific care for diseases or illnesses that progress quickly, feature severe symptoms and have a brief duration.

**Access**
How easy it is to get into the hospital services, including car parking, booking appointments and public transport.

**Audiology**
The measurement of hearing.

**Angioplasty**
This is an invasive procedure which will offer treatment to maintain blood supply and prevent blockages in major blood vessels either to prevent heart attacks in very high risk patients or to reduce the risk of another heart attack.

**Choose and book**
A system which allows patients to make their first outpatient appointment at a time, date and place which suits them.

**Commissioning**
The processes which primary care trusts and their bodies undertake to make sure that services they fund meet the needs of their patients.

**Cognitive problems**
Difficulties with memory, recall and concentration.

**Comprehensive Local Research Network**
The primary vehicle for providing infrastructure to support study involvement. They encourage participation in a range of high quality clinical studies and provide a coordinated and efficient infrastructure of research personnel and facilities to support recruitment.

**Complex care**
The specialised care of patients who may have more than one condition leading to complex needs.

**Critical care**
The specialised care of patients whose conditions are life-threatening and who require comprehensive care and constant monitoring.

**CT scan**
Computerised tomography scan. Pictures of structures within the body created by a computer that takes the data from multiple x-ray images and turns them into pictures on a screen.

**Dermatology**
The study of the skin and its diseases.

**East of England Specialised Commissioning Group**
The organisation responsible for managing the commissioning arrangements for specialised services in the east of England.

**Elective care**
When a person chooses to have care that is not acute.

**ENT**
Ear, nose and throat.

**Functional problems**
Difficulties with carrying out tasks.

**GP**
General practitioner.

Assistant practitioner in Mammography, Valerie Swaine.
Gynae-oncology
The study and treatment of cancer relating to the female reproductive system.

Improving Outcomes Guidance (IOG)
A national framework which aims to improve the health outcomes for cancer patients by concentrating care for rare and complex cancers at specific hospital sites, in turn making sure that all patients receive the same level of service delivered by clinicians highly experienced in specialist areas.

Index of multiple deprivation (IMD)
The index of multiple deprivation combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each area in England.

Long-term conditions
Conditions, such as diabetes, asthma and arthritis, which cannot currently be cured, but whose progress can be managed and influenced by medication and other therapies.

MRI scan
Magnetic resonance imaging scan. A special radiology technique designed to image internal structures of the body using magnetism, radio waves, and a computer to produce the images of body structures.

Neonatal intensive care
An intensive care unit designed with special equipment to care for premature or seriously ill newborn babies.

NHS East of England
The strategic health authority covering Suffolk, which is the local headquarters of the NHS and responsible for making sure national priorities are included in local plans, and that primary care trusts are performing well.

NHS Suffolk Specialised Commissioning Group
The organisation responsible for managing the commissioning arrangements for specialised services in Suffolk.

Oncology
The study and treatment of cancer.

Oral & maxillofacial surgery
Surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck.

Orthodontics
Orthodontics is the branch of dentistry devoted to managing the development of the jaws and teeth.

Orthopaedic surgery
Surgery concerned with conditions involving the musculoskeletal system.

Outreach
Treatment or care provided in the community, not in hospital.

Paediatric
Relating to children.

Patient choice
Giving patients more choice about how, when and where they receive treatment.

Primary care
The collective term for all services which are people’s first point of contact with the NHS, such as GPs and dentists.

Radiotherapy
The use of radiation as part of the treatment of cancer.

Towards the Best, Together
The name of the NHS East of England’s clinical strategy.

Urology
Urology is the specialty that focuses on the urinary tracts of males and females, and on the reproductive system of males.

Vascular surgery
Surgery relating to diseases of the vascular system, including arteries and veins.

Voluntary and community sector
Groups set up for public or community benefit, such as registered charities and non-charitable, non-profit organisations and associations.
Appendices

Key reference documents

**Your Care Matters**
NHS Suffolk Strategic Plan 2008–2013

**Towards The Best, Together**
NHS East of England clinical strategy

Key partners

NHS Suffolk
NHS East of England
East of England Specialised Commissioning Group
Suffolk Mental Health Partnership NHS Trust
All district, and borough councils in east Suffolk
East of England Ambulance Service
Adult Community Services, Suffolk County Council
Ipswich Hospital User Groups
Staff groups including joint consultation and negotiating group and medical staff committee.
“Every patient deserves the very best care.”

Julie Spice, unit matron Raedwald Day Surgery Unit
Find out more about the hospital by visiting our website at www.ipswichhospital.nhs.uk

Further copies of this report are available from:
The Press Office
The Ipswich Hospital NHS Trust
Heath Road, Ipswich, Suffolk IP4 5PD
Tel: 01473 704770

This Trust is working towards equal opportunities.

The Ipswich Hospital NHS Trust
Heath Road, Ipswich, Suffolk IP4 5PD
Tel: 01473 712233